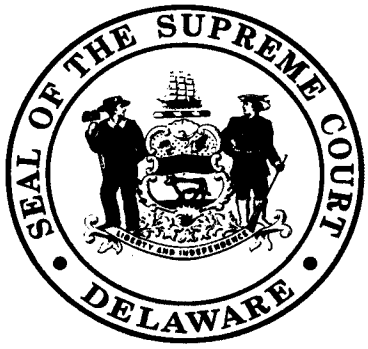

Delaware Supreme Court Task Force on Criminal Justice and Mental Health

A Strategic Plan for Delaware

January 28, 2010

THE DELAWARE SUPREME COURT TASK FORCE ON CRIMINAL JUSTICE AND MENTAL HEALTH

Task Force Chair:

Hon. Henry duPont Ridgely
Supreme Court of Delaware

Task Force Subcommittees and Chairs:

Communication, Collaboration, and Resource Allocation Subcommittee
Chair: Hon. Jan R. Jurden
Judge, Superior Court of Delaware

Education, Prevention, and Victims' Rights Subcommittee
Chair: Dwight F. Holden
Chairperson, Delaware Board of Parole

Identification, Assessment, and Treatment Subcommittee
Chair: Dr. Carol A. Tavani, MD, MS, DFAPA
Executive Director, Christiana Psychiatric Services

Juvenile Subcommittee
Chair: Hon. Jan R. Jurden
Judge, Superior Court of Delaware

Mental Health Courts Subcommittee
Chair: Hon. Joseph F. Flickinger, III
Judge, Delaware Court of Common Pleas

JUDICIAL BRANCH

Hon. Andrea Maybee Freud
Commissioner, Superior Court of Delaware

Hon. Alicia B. Howard
Commissioner, Superior Court of Delaware

Hon. Loretta M. Young
Commissioner, Family Court of Delaware

Hon. Deborah Ann McNesby
Justice of the Peace, Justice of the Peace Court

LEGISLATIVE BRANCH

Delaware Senate
Hon. Margaret Rose Henry
Hon. Liane M. Sorenson

Delaware House of Representatives
Hon. Deborah Hudson
Hon. Helene M. Keeley

EXECUTIVE BRANCH

Delaware Health and Social Services
Hon. Rita Landgraf, Cabinet Secretary
Kevin Huckshorn, RN, MSN, CAP, ICADC, Director, Division of Substance Abuse and Mental Health
Susan McLaughlin, Director, Treatment Access Center (TASC)

Department of Correction
Thomas Carroll, Deputy Commissioner
Vinnie Fabber, Treatment Administrator
Georgiana Staley, Senior Probation Officer

Department of Justice
Patricia Dailey Lewis, Esq., Director of Family Division

Department of Safety and Homeland Security
Terry L. Pepper, Deputy Principal Assistant

Department of Services for Children, Youth, and Their Families
Hon. Vivian Rapposelli, Cabinet Secretary
Susan A. Cycyk, M.Ed., Director, Division of Child Mental Health Services

Office of the Public Defender
Brian J. Bartley, Esq., Division Head, Videophone Unit
Kerry M. Ferriter, Supervisor, Psycho-Forensic Evaluation Unit
Dawn M. Williams, Esq., Assistant Public Defender

COMMUNITY TASK FORCE MEMBERS

Dr. Janet Kramer, Board Chair, Delaware Center for Justice
James Lafferty, Director, Mental Health Association in Delaware (MHA)
Patricia McDowell, Director of Programs, National Alliance on Mental Illness in Delaware (NAMI)

ADVISORY SUBCOMMITTEE MEMBERS

Dr. Gerard Gallucci, Medical Director, Dept. of Substance Abuse and Mental Health
Barbara Hanson, Deputy Director, Division of Social Services
Eliza Hirst, Esq., Community Legal Aid Society, Inc.
Ronald Keen, Criminal Justice Senior Planner, Criminal Justice Council
Christian Kervick, Criminal Justice Planning Coordinator, Criminal Justice Council
Dr. Chrysanthi Leon, Assistant Professor of Sociology, University of Delaware
Abraham J. Mensch, PhD., Licensed Psychologist
Lisa A. Minutola, Esq., Chief of Legal Services, Office of the Public Defender
Michelle S. Nardozzi, Esq., Assistant Public Defender, Office of the Public Defender
Dr. Clarence Watson, Psychiatrist, Delaware Psychiatric Center

TASK FORCE STAFF

Hon. Patricia W. Griffin, State Court Administrator
Christine Sudell, Esq., Deputy State Court Administrator
Stephanie Symons, Esq., Staff Attorney, Administrative Office of the Courts

Delaware Supreme Court Task Force on Criminal Justice and Mental Health

A Strategic Plan for Delaware

Charge of the Task Force

The charge of the Delaware Supreme Court Task Force on Criminal Justice and Mental Health is to develop recommendations to policymakers to improve early identification, prevention and system-wide responses to persons with mental illness involved in the entry into the criminal justice system or re-entry into the community through inter-branch communication, collaboration and allocation of resources for the education of the criminal justice community, the identification of juvenile and adult defendants in need of mental health treatment, the enhancement of victim's rights and the referral, when appropriate, of defendants with mental illness to mental health courts established in each county for judicially supervised community-based treatment.

Introduction

The frequency with which people with mental illnesses enter our criminal justice system and their handling within that system are critical issues across the nation and in Delaware. People with mental illness may become involved either as victims of crime or as defendants. National statistics show that 24% of state prisoners had received a clinical diagnosis or treatment by a mental health professional within the 12 months prior to incarceration. When prisoners with symptoms of a mental disorder were also included, statistics show that 56% of state prisoners had a recognized mental health problem.[1] While diversion is not appropriate in all cases, many of those with mental illnesses would be better treated by diversion, rather than by being incarcerated, especially since slightly over half (51%) of state prison inmates with mental health problems were incarcerated for non-violent offenses.[2]

Recognizing this growing problem, Delaware has made substantial efforts to divert appropriate defendants with mental illnesses from the criminal justice system and to ensure better

---

[1] U.S. Department of Justice, Bureau of Justice Statistics, *Mental Health Problems of Prison and Jail Inmates* (September 2006).
[2] *Ibid.*

treatment and handling of mental illnesses for those who do become involved with the criminal justice system. New initiatives – including the establishment of several pilot mental health courts in New Castle County, police training on handling those with mental illnesses, as well as special needs housing units within the Department of Correction – demonstrate a broad commitment to addressing these issues and to improving the treatment of the mentally ill within the criminal justice system, but much more remains to be done.

In an effort to better understand and address the issues of diverting appropriate individuals with mental illness from the criminal justice system and the treatment of criminal justice involved individuals with mental illnesses, the Delaware Supreme Court is participating in the Chief Justices' Criminal Justice/Mental Health Leadership Initiative. In 2008, Delaware was one of only four states selected by the Council of State Governments (CSG) Justice Center to participate, and as one of the states selected, Delaware has received funding and technical assistance from the CSG Justice Center and National GAINS Center.

To lead Delaware's efforts, Chief Justice Myron T. Steele formed the Delaware Supreme Court Task Force on Criminal Justice and Mental Health and designated Delaware Supreme Court Justice Henry duPont Ridgely as Chair of the Task Force. The Task Force has brought together representatives of the judicial, legislative, and executive branches of state government with community leaders of nonprofit organizations both to help individuals with mental illness avoid contact with the criminal justice system and to develop ways to improve outcomes for people with mental illnesses engaged with the criminal justice system.

The Delaware Supreme Court Task Force on Criminal Justice and Mental Health has developed this strategic plan to help accomplish the goals. This plan encourages inter-agency co-operation as well as community and government partnerships. We have incorporated the Sequential

Intercept Model into the plan. Developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D., the Sequential Intercept Model provides a conceptual framework around which to organize targeted strategies for criminal justice involved individuals with mental illnesses. Utilizing the Sequential Intercept Model, we will identify a number of intercept points in the Delaware criminal justice system, which are opportunities for linking people to appropriate services and preventing further penetration into the criminal justice system.

This strategic plan is designed to provide a comprehensive blueprint for diverting individuals with mental illnesses, when appropriate, for improving outcomes for those with mental illness who are already engaged with the criminal justice system, for reducing criminal justice costs, and for improving public safety and public health. It requires the courts, law enforcement, state agencies and community service providers to work together to identify individuals with mental illnesses and to be more efficient and responsive in ensuring that the appropriate treatment is received either in the community or, where diversion is not appropriate, in the criminal justice system.

When individuals with mental illnesses do not receive the appropriate treatment, they are more likely to cycle in and out of the criminal justice system. The opposite is also true. Experience with mental health courts and outcome studies demonstrate that diversion results in positive outcomes for individuals, systems, and communities.[3] Diverting appropriate individuals and ensuring that those with mental illnesses receive appropriate treatment, can not only reduce crime and increase public safety, but can also reduce costs to the State, communities, and families. The work of the Task Force is only the first step in addressing these critical issues. The ongoing efforts

[3] For outcome studies, see the TAPA Center's publication, "What Can We Say About the Effectiveness of Jail Diversion Programs for Persons with Co-Occurring Disorders?"
(available @ http://www.gainscenter.samhsa.gov/pdfs/jail_diversion/WhatCanWeSay.pdf)

of the courts, law enforcement, state agencies and community service providers are all needed to improve outcomes for persons with mental illness whether they are victims or defendants.

The Sequential Intercept Model

The Sequential Intercept Model organizes the interface with the criminal justice system around several opportunities for interception and diversion within the criminal justice system. They are: 1) Law Enforcement, 2) Initial Detention and Initial Court Hearings, 3) Prisons and Courts, 4) Reentry, and 5) Community Corrections. For each of these intercepts we have defined the following strategic objectives:

Intercept 1 – Law Enforcement

Crisis Intervention Teams (CIT)

Crisis Intervention Teams (CIT) are a pre-booking jail diversion program designed to improve the outcomes of police interactions with people with mental illnesses. The CIT model is a 40 hour training program for law enforcement officers that includes basic information about mental illnesses and how to recognize them, information about local mental health systems and laws, learning first-hand from consumers and family members about their experiences, verbal de-escalation training, and role plays followed by community collaboration. CIT programs promote not only public safety but also officer safety, by helping officers to defuse and deescalate situations.

The first CIT was established in Memphis in 1988. The "Memphis Model" has been adopted by communities in more than 35 states, including statewide implementations in Maine, Connecticut, Ohio, Georgia, Florida, Utah and Kentucky.[4] The program benefits of CIT cited by the Memphis Police Department are:

- Crisis response is immediate.
- Arrests and use of force has decreased.
- Underserved consumers are identified by officers and provided with care.
- Patient violence and use of restraints in ER has decreased.

[4] See NAMI CIT Facts (available at http://www.nami.org/template.cfm?Section=CIT&Template=/contentmanagement/contentdisplay.cfm&contentID=56149).

- Officers are better trained and educated in verbal de-escalation techniques.
- Officers' injuries during crisis events have declined.
- Officer recognition by the community has increased.
- Less "victimless" crime arrests.
- Decrease in liability for health care issues in jail.
- Cost savings.[5]

Short-term objective: "Train the Trainers"

Train CIT trainers with a goal of having at least one officer trained per shift by the end of one year (two years for Probation and Parole). Funding is currently available through the Delaware Criminal Justice Council to accomplish the preliminary goal of training the trainers. An appropriate CIT training curriculum adapted to Delaware's needs should be created for use by newly trained trainers.

Long-term objective: Utilize CIT trainers to train every law enforcement officer in the state, including Probation and Parole officers and other appropriate law enforcement and security personnel.

- CIT training should be mandatory for all law enforcement officers in the State, including Probation and Parole officers.
- CIT training should be coordinated with the Police Chiefs Council to ensure that all municipalities and forces have the opportunity for training.
- All correctional officers working on specialized mental health units and other appropriate corrections officers should receive CIT training.
- CIT training should be required for hospital constables and other appropriate security personnel.
- CIT training should be advanced training beyond what is currently offered at Police Academies. De-escalation training already occurs, but adding the mental health component will give it a new perspective and provide law enforcement officers with the tools needed to effectively defuse and deescalate encounters with individuals with mental illnesses.

[5] See: Memphis Police Department Crisis Intervention Team (available at http://www.memphispolice.org/Crisis%20Intervention.htm)

- Trainings should be conducted by experienced, CIT trained law enforcement officers in conjunction with representatives from Community Mental Health or other mental health service providers.

- Treatment Access Center (TASC) training should be expanded and current Department of Substance Abuse and Mental Health (DSAMH) resources, as well as other appropriate resources, should be considered for training CIT trainers.

- CIT training should include role playing and videos that demonstrate a variety of situations and de-escalation techniques.

- Developmental disabilities and autism spectrum disorders should be a part of CIT training.

- Depending on the needs of the agency, CIT training should also include information specific to juveniles. The National Alliance for the Mentally Ill (NAMI) and other jurisdictions are currently working on developing CIT training for juveniles which should be reviewed and considered for use in Delaware.

- Training should utilize Crisis Prevention Intervention (CPI) techniques, a nationally recognized best practice in non-violent crisis intervention.

Utilizing Emergency Services

Objective: Expand CAPES statewide.

Crisis Assessment and Psychiatric Emergency Services (CAPES), a partnership between the Department of Substance Abuse and Mental Health (DSAMH) and Christiana Care, is currently only available at Wilmington Hospital. A triage unit for those with mental health issues, CAPES was created because the care of emergency psychiatric patients was a growing problem for Delaware, and there was a need to improve the quality and effectiveness of treatment. It created a public/private staffing model by partnering with a member of the State's crisis team. CAPES creates a safe environment in the emergency room for psychiatric patients and has had a significant impact on emergency room services. Combining psychiatric services with medical care has reduced the number of involuntary commitments, ensured that persons with mental health issues are linked to community resources faster, and alleviated strain on busy emergency rooms. Because CAPES takes custody of individuals, it has also allowed law enforcement officers to return to duty more quickly instead of waiting at the hospital for lengthy periods of time.

CAPES has proven successful in both improving the treatment of those with mental illnesses and reducing costs. It is expanding in New Castle County, but presently there is no equivalent in Kent and Sussex Counties. We recommend:

- the calculation of the savings which would be realized by expanding CAPES to Kent and Sussex Counties,

- the establishment of partnerships with law enforcement, DSAMH, hospitals, Medicaid, managed care agencies, the courts, and any other appropriate agencies and institutions to address funding, cost savings, and the expansion of CAPES statewide,

- the determination of whether CAPES services are needed for juveniles, or if mobile crisis services adequately meet the needs of juveniles with mental health issues, and that

- the expansion of CAPES be a priority of State leadership.

Objective: Whenever possible, ensure that individuals are evaluated for mental health issues before, rather than after, detention.

- Ensure that individuals are screened, using validated screening tools administered by trained professionals, and receive the appropriate services in order to avoid unnecessary involvement with the criminal justice system.

- Ensure that new contract providers with the Department of Correction use evidence-based screening procedures administered by trained professionals.

- Determine what services and resources are available and make sure that law enforcement officers and all appropriate persons are aware of not only CAPES but lower level treatment options as well. Provide reasonable incentives for law enforcement officers to make the best use of officers' time by using CAPES and lower level treatment options, recognizing that one incentive is the ease of use these alternatives to criminal charges will provide.

- For juveniles, bring in Mobile Crisis Units as a partner and encourage law enforcement to contact Mobile Crisis when they encounter a juvenile with possible mental health issues.

- Train law enforcement officers to recognize mental health issues in juveniles and how they may present differently than adults.

- Determine how Child Mental Health is identifying juveniles involved with Youth Rehabilitative Services, and ensure that appropriate juveniles are being diverted instead of only being evaluated after they have entered the criminal justice system.

Objective: Reduce the number of involuntary commitments.

Currently, only Meadow Wood Behavioral Health System, Rockford Center, Dover Behavioral Health System, and the Delaware State Hospital accept involuntary commitments. If the patient does not have insurance, Wilmington Hospital is the only hospital in the State that will accept a voluntary commitment. Lack of local resources or health insurance can result in individuals being involuntarily committed when a voluntary commitment or other treatment option might be more appropriate.

- CAPES should be expanded to alleviate the tendency to involuntarily commit individuals.

- Support legislation changing how persons who have been involuntarily committed are transported to the hospital. Police transport can result in criminalization of mental illness and an increased number of arrests.

Intercept 2 – Initial Detention and Initial Court Hearings

Objective: Standard Screening Tools and Assessment Instruments

It is important that all agencies and service providers speak the same language. While some of the current screening tools and assessment instruments are very good, they may not be detecting the same issues and symptoms. Uniform validated screening tools and assessment instruments would facilitate communication between agencies and service providers and help to ensure that mental illnesses, as well as any co-occurring disorders, are identified so that treatment is both appropriate and seamless.

- Determine if there is efficacy in adopting statewide validated screening tools and assessment instruments.

- Explore ways to ensure adoption of standardized instruments by all agencies and organizations.

- Training on any new tools and instruments should be consistent.

- In addition to mental health issues, tools and instruments should also identify substance abuse issues, developmental disabilities, ADHD, and any other appropriate disorders.

Objective: Information Sharing

The sharing of information regarding mental health history is of critical importance. Information is needed throughout the system, from initial detention through discharge planning and reentry back into the community. With statewide systems, Delaware is in a unique position to allow for the virtually seamless sharing of information between the courts, law enforcement, state agencies, and community service providers. While it is important to recognize that treatment professionals may have different expectations about sharing information than those more accustomed to the reduced privacy expectations of offenders, this can be effectively negotiated to achieve collaboration.

- There should be access to prior treatment history and sharing of information regarding prior assessments.

- Treatment history and prior assessments (from community providers, the Department of Correction, and providers working with the Department of Correction) should be shared with the courts, counsel and among community correction and service providers.

- Since individuals with mental illnesses are most likely to commit suicide during the first 24 hours of detention, information should be made available as soon as possible.

- Explore creation of a searchable state data system that can cross check mental health history with the current criminal justice database.

    - Research systems created by other jurisdictions.

    - Overcome confidentiality hurdles, such as HIPAA and 42 C.F.R. through signed releases and memorandums of understanding among the courts, state agencies, and treatment providers.

    - Address conflicting norms of confidentiality and patient privacy so that all parties are comfortable sharing information in order to improve outcomes for individuals with mental illness who are involved with the criminal justice system.

    - Since juveniles are unable to sign waivers, determine if another solution (for example, comprehensive juvenile assessments) would better serve this population. Research systems created in other jurisdictions in which front-end assessment of juveniles has resulted in decreased detentions and dramatic decreases in recidivism.

- DELJIS currently only includes information on involuntary commitments. The courts and treatment providers also need information about voluntary commitments and any other prior mental health treatment.

- Department of Correction assessments should not only inform DOC treatment but should also be shared with the courts and counsel to inform later treatment by community service providers.

- Once the information regarding mental health history is available, appropriate steps should be taken to ensure confidentiality.

Objective: Early Diversion

- Judicial officers should receive education on mental health issues.

- As the first point of contact with the courts, Justices of the Peace should receive training which will enable them to identify individuals with mental health issues and divert appropriate defendants to one of the State's mental health courts. If mental health issues are not identified at this early stage, the chances of getting meaningful assessment or treatment decrease as a defendant advances through the criminal justice system.

Objective: Better Informed Bail Decisions

- Justices of the Peace should have more information available to them at the time bail is set, including mental health history. Currently, mental health history is rarely available at this point.

- Mental health issues should not necessarily be considered an aggravating factor when setting bail. The purpose of bail is to protect the community and victims, not to detain people because they are ill or a threat to themselves. Awareness of and proper consideration of mental health history will enable Justices of the Peace to set bail conditions which protect the community and victims while also ensuring that persons with mental illness receive appropriate treatment in a timely manner.

- Justices of the Peace need to be aware of options available for persons with mental illness, including mental health courts and State and community service providers.

- All necessary steps should be taken to ensure defendants receive appropriate mental health treatment so that they can be stabilized and able to assist in their defense at later hearings.

- Explore the possibility of providing incentives for signing releases. For example, consider revising bail guidelines to make mental health issues a mitigating factor in appropriate cases.

Objective: System-wide training

- Plan and secure funding for a day-long conference for Judges, Commissioners, court staff, the Department of Justice, the Office of the Public Defender and other appropriate treatment providers and criminal justice agencies on mental health issues.

- Include information on mental health courts in the New Employee Orientation sponsored by the Administrative Office of the Courts.

- Ensure that all those involved with the criminal justice system are aware of the State's mental health court options and the services they provide. As the initial point of contact with the courts, Justices of the Peace especially need to know what mental health courts and what services are available.

- Encourage Justices of the Peace to ask individuals basic questions regarding mental health history and to give appropriate defendants the option of having their case moved to a Court of Common Pleas diversion program.

Intercept 3 – Prisons and Courts

Objective: Create a statewide system of care

There can be significant consequences, including a detriment to one's physical health, when a person with a mental health issue has to change medication. While certain medications may be less expensive in the short-term, the destabilization that is likely to result from not receiving the proper medications can result in major expenses for other State agencies as well as the community. Even a brief lapse in medication can have catastrophic results.

The State investment in public healthcare should go beyond the prison walls and the State should set its standard of care with a formulary that is consistent, regardless of whether the person is in or out of the correctional system. Delaware's unified prison system places the State in a unique position to provide continuous, uniform care.

- The services and formulary provided by the Department of Correction should generally be the same as those received in the community and provided by other State agencies. The public health system formulary includes some psychotropic medications that are not on the Department of Correction formulary. Although there is a process by which inmates can receive medications not on the formulary, even a brief wait can result in destabilization.

- Determine what needs to be done to ensure that the treatment received for mental health issues in the community continues once an individual enters the criminal justice system.

- Expand the pool of treatment providers who work with released offenders. Ensure that offenders, especially those involved with mental health courts, have access to adequate individual and group counseling as well as skill building programs.

- Aggregate information about issues created by having different formularies and make appropriate recommendations to the Governor and the Legislature.

- The Department of Correction should adopt the formulary used by the public health system for the mentally ill when choosing a pharmacy provider.

- Create facilities and procedures for handling the most disruptive and violent offenders with mental health issues and encourage effective collaboration between the Delaware Psychiatric Center and the Department of Correction, as well as responding officers and court officials, so that dangerous offenders can be properly monitored and managed both in custody and in the community.

- In addition to meeting the needs of offenders with mental illnesses, ensure that victims of crime have access to mental health counseling and provide compensation for such treatment as appropriate.

- Gather information on efficacy from other jurisdictions and relevant literature.

Objective: Expansion and Creation of Mental Health Court Programs

- Existing New Castle County Mental Health Court programs should be expanded to Kent and Sussex Counties.

- Create a single point of contact across the courts and counties for information about the various mental health court programs so that those involved in the criminal justice system and members of the public can get information about what programs and services are available and find out how individuals can be considered for participation in the mental health court programs.

- Create new Mental Health Court programs, including a Court of Common Pleas Violation of Probation Mental Health Court, a Superior Court Diversion Mental Health Court, Veterans' Court, and new juvenile programs.

- Support the Criminal Justice Council's allocation of federal Byrne Grants to new initiatives consistent with this strategic plan.

- In order to improve upon the functioning of mental health courts, gather uniform outcome data about participants (including program failures). Require data collection of measures of success for participants in mental health courts which include items such as treatment and medication compliance, as well as measures of new criminal charges, arrests and incarcerations.

Intercept 4 – Reentry

Objective: Everyone released from the custody of the Department of Correction with a diagnosis of mental illness should be released with a 30 day supply of medications, a prescription for medications, medical records and a referral to Community Mental Health.

- Endorse and support the efforts of the Governor's Reentry Task Force, including supporting the expansion of I-ADAPT measures beyond the post-sentencing population.

- Ensure that judges have all relevant information in order to determine if it is appropriate to make reporting to Community Mental Health or taking medications a condition of release.

- Maintain an updated contact list of Community Mental Health providers and treatment professionals and educate appropriate Department of Correction staff about what services are available.

- Encourage communication between the Department of Correction and the Department of Health and Social Services, including the sharing of names and contact information.

- Everyone released from the custody of the Department of Correction should be given a discharge form similar to those currently issued by hospitals. The form should include information about their diagnosis, medications, Community Mental Health and other services available in the community.

Intercept 5 – Community Corrections

Objective: Improve identification and management of probationers with mental health issues.

- Expand CIT training to Probation and Parole officers.

- Ensure that Probation and Parole officers and the courts receive information about assessments, prior mental health treatment, and any other appropriate conditions and disorders.

- Communication between Community Corrections, Community Mental Health, and other service providers should occur in both directions and uniform releases should be utilized.

- Adopt specialized screening tools validated for use with probationers to determine mental health needs.

- Determine what information is currently being given to judges regarding their probationers and what, if any, additional information is needed.

Objective: Identify and expand community resources.

There is currently limited information within the criminal justice system about what treatment resources are available in the community.

- Identify what resources are available and educate the courts and Probation and Parole officers about where those with mental illnesses can be referred.

- Determine what resources are still needed and explore ways that new programs can be developed and made available to treat persons with mental illness in Delaware so they do not become involved with the criminal justice system.

- Encourage the expansion of the pool of treatment providers who work with released offenders through collaboration with professional associations such as the Delaware Psychological Association and offer incentives for collaboration where appropriate.

- Create a single clearing house for information about available treatment locations for both in-patient and out-patient services, enabling Community Corrections and others involved in reentry to maximize opportunities to address mental health issues as part of recidivism prevention. Assign a single individual to monitor statewide treatment options on a weekly basis, an individual with whom all of those involved in assessments and placements across agencies could coordinate.

Each objective in this strategic plan should be evaluated at regular intervals to identify obstacles, successes, and areas for improvement. Implementation must therefore include measures of effectiveness for each objective.

Conclusion

The criminal justice system was not intended to serve as the safety net for a public health system. Community-based treatment will improve outcomes for persons with mental illness. Appropriate diversion from the criminal justice system of persons with mental illness to community-based treatment will reduce criminal justice costs, improve public safety, and improve public health.

The Delaware Supreme Court Task Force on Criminal Justice and Mental Health recommends this strategic plan as a blueprint to achieve these important goals.

Respectfully submitted,
DELAWARE SUPREME COURT TASK FORCE ON CRIMINAL JUSTICE AND MENTAL HEALTH

By: 

Hon. Henry duPont Ridgely
Chair

January 28, 2010